



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

APPLICATION FOR MEN

Name: Last: _____ First: _____ Middle Initial: _____
 DOC #: _____ SS#: _____ -- _____ -- _____ DOB: _____

Application Date (mm/dd/yyyy): _____
 Expected Release Date (mm/dd/yyyy): _____ (Required)

Facility at which incarcerated: _____
 Do you have a case manager: Yes No
 Case manager's first and last name: _____
 Case manager's phone No.: (_____) _____ - _____
 Would you/will you be homeless without the assistance of Hand Up Ministries:
 Yes No
 Have you ever applied to Hand Up Ministries before: Yes No
 Have you ever been a resident of Hand Up Ministries before: Yes No
 If yes, when did you arrive at Hand Up Ministries (mm/dd/yyyy): _____
 If yes, when did you leave Hand Up Ministries (mm/dd/yyyy): _____
 If yes, what were the circumstances of your departure (check all that apply):
 Good Terms Expelled (drugs/alcohol) Expelled (monetary
 debt
 Left without Notice Incarcerated

RELIGIOUS AFFILIATION

Protestant Catholic Jewish Islamic Other: _____
 Denominational Preference: _____

- Hand Up Ministries reserves the right to refuse our services to anyone we feel will:
- Not be faithful to work within our program and create a better life for themselves
 - Will be a negative influence on others, distracting them from their commitment to the program
 - For any other reason that we feel may cause disharmony within the community
 - We will not process your application without an expected release date.

My signature below certifies that I am requesting to enter the Hand Up Ministries Christian Living Program and that all my answers on this application are true and correct. I understand that Hand Up Ministries is a program, not just a living arrangement. All residents are required to follow all aspects of this program.

 Signature Date



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

Begin the process now with your case manager to acquire your birth certificate and social security card. Even if you are not accepted into this ministry, having these upon your discharge will save you a lot of time and heartache.

STATISTICAL DATA

Hand Up Ministries collects various types of data on its applicants for statistical purposes and funding needs. Please complete this section as carefully as possible. This information is private, and will not be shared with any person or entity outside of Hand Up Ministries staff.

GENERAL DATA:

Presenting Problem (Please explain why you are incarcerated):

History of Presenting Problem (Give is a brief history of your criminal behavior):

Current Offense(s): _____ Sentence: _____
_____ Sentence: _____
_____ Sentence: _____

DOC PROGRAMS COMPLETED:

(List all educational/vocational programs completed while incarcerated)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Describe all disciplinary write-ups against you during your present incarceration:



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

What are your expectations of this Ministry:

What would you say are your greatest strengths: _____

What would you say are your greatest weaknesses: _____

What is your recreation/leisure history: _____

Do you have any hobbies: ___ Yes ___ No

If yes, what are they: _____

If you are not currently incarcerated, what are your usual living arrangements?

Are you currently receiving any DHS Benefits: ___ Yes ___ No

Who referred you to Hand Up Ministries (if someone other than your DOC case manager)?

___ Attorney ___ Probation/Parole Officer ___ Pre-Sentence Investigator

___ Judge ___ Court ___ District Attorney

___ Drug Court Admin ___ Other (explain): _____

Name of person who referred you: _____

Do you have a valid Drivers License: ___ Yes ___ No

If yes, State of Issue _____ DL #: _____

Do you own a motor vehicle: ___ Yes ___ No

If yes: Year: _____ Make: _____

Model: _____

Color: _____ Tag #: _____



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

EMERGENCY NOTIFICATION (If you have an emergency, who should we contact?)

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) - _____ Phone Number: (____) - _____

FAMILY SYSTEMS AND RELATIONSHIPS

Current Marital Status: Single Married Divorced Separated
If Married: Spouse's Name: _____
If Married: How long: _____
If Separated or Divorced: How Long: _____
How many children do you have: _____
Do you pay child support: Yes No
Monthly obligation: \$ _____ .00
Are you current on your child support payments: Yes No

Please list your children below:

Child's Name: _____ Age: _____ Gender: M F Resides with: _____
Child's Name: _____ Age: _____ Gender: M F Resides with: _____
Child's Name: _____ Age: _____ Gender: M F Resides with: _____
Child's Name: _____ Age: _____ Gender: M F Resides with: _____
Child's Name: _____ Age: _____ Gender: M F Resides with: _____
Child's Name: _____ Age: _____ Gender: M F Resides with: _____

Have any of your children been diagnosed with problems in any of the following areas?

Behavioral Disorders Emotional Alcohol/Drug Addiction
 Physical Disabilities Educational Other (explain): _____

Father's Name: _____ Age: _____

Father's Occupation: _____

Father's Health: Excellent Good Fair Poor

Relationship with Father: Excellent Good Fair Poor

If your father is deceased, how old were you when he died? _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____

Mother's Health: Excellent Good Fair Poor

Relationship with Mother: Excellent Good Fair Poor

If your mother is deceased, how old were you when she died? _____



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

Siblings (brothers and sisters):

1. Name: _____ Age: _____ Gender: ___ M ___ F
 Relationship with this sibling: ___ Excellent ___ Good ___ Fair ___ Poor

2. Name: _____ Age: _____ Gender: ___ M ___ F
 Relationship with this sibling: ___ Excellent ___ Good ___ Fair ___ Poor

3. Name: _____ Age: _____ Gender: ___ M ___ F
 Relationship with this sibling: ___ Excellent ___ Good ___ Fair ___ Poor

4. Name: _____ Age: _____ Gender: ___ M ___ F
 Relationship with this sibling: ___ Excellent ___ Good ___ Fair ___ Poor

5. Name: _____ Age: _____ Gender: ___ M ___ F
 Relationship with this sibling: ___ Excellent ___ Good ___ Fair ___ Poor

Has any one in your family even been treated for addiction or emotional/mental health Problems: ___ Yes ___ No

Who: _____ Diagnosis: _____
 Who: _____ Diagnosis: _____
 Who: _____ Diagnosis: _____
 Who: _____ Diagnosis: _____

Have you ever been ___ physically, ___ emotionally, or ___ sexually abused by either of your parents: ___ Yes ___ No

Have you ever been ___ physically, ___ emotionally, or ___ sexually abused by any of your siblings: ___ Yes ___ No

Have you ever been ___ physically, ___ emotionally, or ___ sexually abused by some one outside of your immediate family: ___ Yes ___ No

If yes, who and what relationship to you/your family: _____

Do you consider yourself: ___ Homosexual ___ Bisexual ___ Heterosexual

Have you ever been diagnosed and/or treated for a sexually transmitted disease: ___ Yes ___ No

If yes, what was the illness: _____

Have you ever been tested for HIV/AIDS: ___ Yes ___ No

If Yes, what were the results? ___ Positive ___ Negative

CULTURAL DATA (GENERAL)

Ethnic identity:

___ Caucasian ___ African American ___ Alaskan Native ___ Hispanic ___ Asian
 ___ Native American
 ___ Other _____

If Native American, of what nation/tribe are you a member: _____

If Native American, do you have a CDIB Card: ___ Yes ___ No

Do you have a Tribal Membership Card: ___ Yes ___ No



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

Were you born outside the United States: Yes No
If yes, in what country were you born: _____
Are you a: Naturalized Citizen (of the US) Foreign National

EDUCATION

Check the box that indicates the highest level of education completed:
 Elementary School Middle School High School Some
College: Undergraduate Degree Graduate Degree

If you did not finish High School have you earned your GED? Yes No

If you Marked 'Some College,' 'Undergraduate Degree,' or 'Graduate Degree' what was your major(s)?

Undergraduate: _____
Graduate: _____

If you did not complete High School, what would you say were your greatest difficulties with school:

OCCUPATIONAL DATA

Occupation while incarcerated: _____
Last Employer prior to incarceration: _____
Length of time you were with this employer: _____
Type of work you usually perform when employed: _____

Special skills, certifications and licenses: _____

FINANCIAL SUPPORT DATA

Do you have any disabilities that will limit or prevent you from gaining employment?

Yes No

If yes, how will you pay your program fees? SSI VA Benefits Retirement
Fund Annuity Trust Fund Other (explain): _____



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

If SSI or SSDI did you receive these benefits prior to incarceration? Yes No
 Other than yourself, how many people depend on you for the majority of their basic necessities (food, shelter, etc.)? _____
 Will someone contribute financially to your support in any way: Yes No
 If yes, Who: _____ Relationship: _____
 What will they contribute: _____

MEDICAL/CLINICAL TREATMENT HISTORY

Do you experience any of the following on a regular basis?

- | | | |
|---|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Stomach Trouble |
| <input type="checkbox"/> Bowel Disturbances | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Take Sedatives |
| <input type="checkbox"/> Feeling Tense | <input type="checkbox"/> Tremors | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Unable to Relax | <input type="checkbox"/> Can't make friends | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Over ambitious | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Palpitations |
| <input type="checkbox"/> No appetite | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Depression | <input type="checkbox"/> Don't like weekends |
| <input type="checkbox"/> Sexual problems | <input type="checkbox"/> Shy with people | <input type="checkbox"/> Cant keep a job |

Have you been diagnosed with any chronic medical problems: Yes No
 If yes, please describe: _____

Are you taking any prescribed medications? Yes No
 If yes, please list all prescription medications you currently take along with the frequency, and the dosage. Below this list describe any negative side effects you have experienced from each medication:

| | Medication | Dosage | Frequency |
|----|------------|--------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

Number 1 above: Negative side effects: _____
 Number 2 above: Negative side effects: _____
 Number 3 above: Negative side effects: _____



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

Number 4 above: Negative side effects: _____
Number 5 above: Negative side effects: _____
Number 6 above: Negative side effects: _____

Have you ever been hospitalized beyond an emergency room visit? Yes No
When: _____ Where: _____
What was the reason: _____

MENTAL HEALTH HISTORY

Have you ever been treated for an emotional/mental health problem? Yes No
When: _____ Diagnosis: _____

Have you experienced any of the following?

Depression: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Anxiety or tension: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Hallucinations (excluding drug induced): Yes No

If yes, have the symptoms been: Serious Moderate Mild

Trouble understanding language or meaning: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Trouble concentrating or remembering: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Trouble controlling violent behavior: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Thoughts of suicide: Yes No

If yes, have the symptoms been: Serious Moderate Mild

Have you ever attempted suicide? Yes No

If yes, please explain the circumstances including the life circumstances surrounding the attempt, where you were, and the method you chose: _____

Have you ever had any homicidal thoughts upon which you seriously considered acting:



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

Yes No
 If yes, please explain fully: _____

Have you ever had feelings of uncontrollable rage? Yes No
 Have you had any thoughts about harming others? Yes No
 Have you ever had trouble controlling your impulses? Yes No
 As an adult, have you been involved in fights? Yes No
 Have you ever been arrested for fighting or for other violent behavior? Yes No

If you answered yes to any of the questions above, please describe the circumstances of your violent behavior including the situation that enraged you, the specific act you committed, and the results of your actions:

When did the act(s) occur: _____
 Who was the target of your violent act(s): _____

How did you feel about this afterwards: _____

Did the behavior involve substance abuse? Yes No
 What was the effect on the victim: _____
 If you were you arrested, how much time did you serve: _____

Have you ever been accused of rape or a sexual crime? Yes No
 If yes, was your victim Male or Female? _____

Have you ever been accused of domestic violence or abuse: Yes No
 Have you ever had a Victim's Protective Order against you: Yes No

GANG AFFILIATION DATA

Current or former gang affiliation: _____
 Current membership status: _____
 How old were you when you were recruited into the gang: _____
 What was your motivation for joining: _____



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

 _What violent crimes did you commit as a member of your gang:

 What sex crimes did you commit as a member of your gang: _____

 When do you plan to leave the gang lifestyle: _____
 What is your motivation for leaving the gang lifestyle: _____

CRIMINAL HISTORY

How many times in your life have you been arrested and charged with the following?

| | # of Arrests | Year(s) |
|--------------------------------------|--------------|---------|
| Public Drunkenness: | _____ | _____ |
| Driving Under the Influence: | _____ | _____ |
| Driving While Intoxicated: | _____ | _____ |
| APC: | _____ | _____ |
| Driving Under a Suspended License: | _____ | _____ |
| Shoplifting or vandalism: | _____ | _____ |
| Parole/probation violation: | _____ | _____ |
| Drug charges (possession): | _____ | _____ |
| Drug charges (intent to distribute): | _____ | _____ |
| Forgery: | _____ | _____ |
| Weapons offense: | _____ | _____ |
| Larceny: | _____ | _____ |
| Burglary: | _____ | _____ |
| Breaking & Entering: | _____ | _____ |
| Robbery: | _____ | _____ |
| Assault: | _____ | _____ |
| Arson: | _____ | _____ |
| Rape/sex related crimes: | _____ | _____ |
| Homicide/manslaughter: | _____ | _____ |
| Prostitution: | _____ | _____ |
| Contempt of court: | _____ | _____ |
| Disorderly conduct/vagrancy: | _____ | _____ |
| Major driving violations: | _____ | _____ |



2130 SE 59th Street, Oklahoma City, OK, 73129
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 236-3349
 Fax: (405) 232-5871
handupministries@att.net

Other: _____

Have you engaged in illegal activities for profit: ___ Yes ___ No

If you have a lengthy history of running afoul of the law, what would you say is the major cause of this behavior:

SUBSTANCE ABUSE HISTORY

For all items below please list the year you first used the item, the year you last used the item, then check the appropriate box that describes the frequency with which you used the drug and how you generally ingested the drug.

Alcohol: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Heroin: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Methadone: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Painkillers: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Sleep aids: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Valium: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times
 Means: ___ IV ___ Snort ___ Smoke ___ Oral

Cocaine/Crack: 1st use: _____ last use: _____
 Frequency: ___ Habitually ___ Often ___ Seldom ___ Only a few times



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

Means: IV Snort Smoke Oral

Methamphetamines: 1st use: _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

THC (marijuana): 1st use: _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

Hallucinogens: 1st use: _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

Inhalants: 1st use: _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

PCP: 1st use: _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

Others not listed: _____ 1st use _____ last use: _____
Frequency: Habitually Often Seldom Only a few times
Means: IV Snort Smoke Oral

Current drug of choice: _____

Have you ever a drug overdose: Yes No

Where do you usually drink or use drugs: _____

Do you ever drink or use drugs alone? Yes No

Have you ever drank or used drugs more than you intended? Yes No

Have you ever been treated for alcohol/drug abuse? Yes No

If yes, When: _____ How long were you in treatment: _____

Did you complete the program?: Yes No

Tobacco usage: Check all that apply to you.

I am a non-smoker I smoke cigarettes I smoke a pipe

I dip snuff I chew tobacco



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

Program Contract

EMPLOYMENT

1. All residents will make every attempt to find and maintain permanent employment while in the Hand Up Ministry's program, and will accept Ministry staff's input in their job search.
2. If required while seeking employment, residents agree to present verification of at least five job interviews per week to Hand Up Ministries.
3. During times they are unemployed, residents may be assigned work to perform at the Ministry each weekday.
4. While looking for work, residents will be in the office at 8:00 am each weekday to sign out for their daily work search. They will be bathed, groomed, and ready for work at that time.
5. No resident will resign their job before discussing it with Hand Up Ministries employment counselors.
6. All residents are to obtain work as soon as possible, and payment of \$100.00 per week program fees will begin immediately upon securing work.
7. Once a resident finds employment, Hand Up Ministries will work with them and design a plan to pay program fees in arrears over an extended period of time while staying current with new fees.
8. Program fees are currently \$100.00 and will begin on first Saturday following the resident's arrival.

I understand and agree to all parts of the section above: _____ (initials)

TRANSPORTATION

1. Hand Up Ministries will assist residents who do not have transportation to work or appointments. There will be a nominal fee (charged per way) for each trip.
2. There will be a flat rate charge for any court related out of county trips which the Ministry will quote prior to final arrangements for such transportation.
3. Residents will present a request for out-of-county transportation needs one week prior to the date they require transportation and will be at the gate no less than 15 minutes prior to the time they are scheduled to leave.
4. Any vehicle that any resident brings to Hand Up Ministries will be maintained in proper running condition.
5. No resident will allow the environment of Hand Up Ministries to be polluted by any work they perform on any vehicle

I understand and agree to all parts of the section above: _____ (initials)



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

FINANCIAL MANAGEMENT

1. If a resident fails to pay their program fees after finding employment, the Ministry may require that their pay check be signed over to Hand Up Ministries each week and deposited into a trust account in their name until their balance reaches \$500.00 beyond any current fees incurred. This is called the Money Management Program.
2. If any resident is removed from the Money Management Program and their balance drops below \$100.00 they may be placed back on the Money Management Program.
3. If a resident is placed on the Money Management Program, the ministry will disburse to them money to be used to take care of their financial needs.
4. This will be disbursed once per week
5. Any resident placed back on the Money Management, will remain on this program until Hand Up Ministries determines that they are capable of handling their own financial matters.
6. Residents will not borrow money from or loan money to other residents or staff of Hand Up Ministries.
7. Hand Up Ministries can and will provide any resident with assistance preparing a financial budget based on their income if they would like it.
8. Since Hand Up Ministries is funded primarily by program fees, any resident who is working or receiving regular payments and not paying their program fees will be expelled from the ministry.

I understand and agree to all parts of the section above: _____ (initials)

LIVING QUARTERS

1. All living quarters will be kept neat and clean at all times and may be inspected without notice by Hand Up Ministries staff.
2. If any resident's living quarters are found to be less than neat and clean they will make the necessary improvements within 24 hours, at which time their living quarters will be re-inspected.
3. Residents may, at their own expense, enter into a contract to purchase private satellite television service.
4. Hand Up Ministries assumes no responsibility for any dispute which may arise between any resident and their satellite television service provider.
5. Any satellite television service must comply with all state regulations, court decisions regarding the resident's disposition, and is at the discretion of the resident's probation/parole officer (if applicable)
6. Any resident may possess a computer and may, at his own expense, enter into a contract to purchase private internet service.



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

7. Improper use of any computer, such as viewing pornography, will result in immediate expulsion from Hand Up Ministries
8. Any internet service must comply with all state regulations, court decisions regarding the resident's disposition, and is at the discretion of the resident's probation/parole officer (if applicable)
9. NO WOMEN OR CHILDREN are allowed in any living quarters at any time.
10. All residents will keep their voice, radio, and television at volume levels that will not disturb their roommate(s) and/or neighbors.

I understand and agree to all parts of the section above: _____ (initials)

PERSONAL BELONGINGS

1. All electrical appliances must bear the UL ® seal and may be inspected without notice.
2. The staff of Hand Up Ministries reserves the right to inspect any appliance possessed by any resident without notice for compliance to the above clause.
3. The staff of Hand Up Ministries will dispose of any appliance that does not pass inspection.
4. Hand Up Ministries is not responsible for any residents' personal belongings.
5. When a resident leaves Hand Up Ministries, they will remove all of their personal belongings.
6. Any personal belongings left at Hand Up Ministries after a resident moves out and turns in their keys, will be disposed of within 24 hours.

I understand and agree to all parts of the section above: _____ (initials)

MEDICAL/PSYCHOLOGICAL ISSUES AND RELATED PROGRAM SERVICES

1. All residents will reveal to Hand Up Ministries staff any medical and/or psychological problems for which they have been diagnosed prior to participating in the Hand Up Ministries Program.
2. All residents will release to Hand Up Ministries any and all medical and/or psychological records for which they may ask.
3. All residents will alert Hand Up Ministries of all medications prescribed to them by a licensed physician.
4. If requested, all residents will turn any and all prescribed medications over to Hand Up Ministries staff.
5. Any resident who sells or offers medications prescribed for them to another person for recreational purposes will be expelled from the Ministry immediately.
6. If requested, all residents agree to participate in an evaluation of their medical and/or psychological needs to be performed by an assigned, licensed counselor or



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

psychologist and will participate in any program deemed necessary as a result of this assessment.

I understand and agree to all parts of the section above: _____ (initials)

ALCOHOL AND DRUGS

1. No resident will use or possess any alcohol or illegal drugs while participating in the Hand Up Ministries Program.
2. The staff of Hand Up Ministries reserves the right to require any resident to submit to a drug/alcohol test without prior notice.
3. If any staff member requests a drug/alcohol test, from a resident, the resident will submit to an observed urine specimen or breath test immediately.
4. All urine specimens will be collected by authorized staff, and any test that comes back 'positive' will result in a \$10.00 charge for the test and a \$10.00 charge for the next test paid up front.
5. There is no charge for a test that comes back 'negative.'
6. Drug and alcohol tests will be requested on a random and regular basis.
7. Any resident who refuses to submit to or falsifies a drug/alcohol test will face disciplinary action and their test will be considered to have come back 'positive.'
8. Any positive drug or alcohol test will result in immediate disciplinary action by Hand Up Ministries staff which may include expulsion from the Ministry.
9. If any resident becomes aware of the presence of alcohol or drugs on the premises of Hand up Ministries, or use of any alcohol or drugs by any participant in the Hand Up Ministries program, they will notify authorized staff immediately.
10. Once any resident notifies Hand Up Ministry staff of drug and/or alcohol usage by any resident(s) they are guaranteed complete anonymity, and Hand Up Ministries staff will never reveal that resident's identity to any person not on the staff and directly involved in investigating the information forwarded by them.
11. If any resident becomes aware of drug and/or alcohol usage by any residents(s) of Hand Up Ministires and knowingly withholds this information from staff they may be subjected to disciplinary action up to and including expulsion from the Ministry.

I understand and agree to all parts of the section above: _____ (initials)

VISITORS

1. All residents will meet all visitors at the gate to Hand Up Ministries.
2. All residents will alert the office if they expect visitors who will come onto the grounds of the Ministry.



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

3. All residents agree that if any visitor is deemed inappropriate by authorized staff of Hand Up Ministries, that the visitor will leave the premises immediately.

I understand and agree to all parts of the section above: _____ (initials)

COMMON AREAS (Outside or inside any structure not the resident's living quarters)

1. Smoking is not allowed in any common area that is a structure (office, etc.)
2. All residents are expected to help keep all common areas clean and that they will remove all trash and cigarette butts after each use of a common area.
3. All residents will be bathed and dressed appropriately when in any common area.
4. Any resident who is not properly attired and/or maintaining clean hygiene, will not use any common area.
5. If the staff of Hand Up Ministries determines that any resident(s) is not acting in an appropriate manner, those resident(s) will leave the common area without further disturbance.
6. Residents will not litter in any manner either within the grounds of Hand Up Ministries or in the surrounding community.
7. All residents will wear a shirt while in common areas

I understand and agree to all parts of the section above: _____ (initials)

PETS

1. Residents living in travel trailers are not allowed to have pets.
2. Residents may not exceed the capacity limit of two pets per mobile home.
3. All residents are allowed, with the written consent of each of their roommate(s), to possess one (1) pet.
4. Unless the resident receives written permission from Hand Up Ministries for an alternate animal, that pet must be a cat or a dog.
5. Unless the resident receives written permission from Hand Up Ministries, any pet for which any resident becomes the guardian can weigh, fully grown, no more than twenty (20) pounds.
6. All pets must be either spayed or neutered, depending on its gender and the resident must present documents to Hand Up Ministries verifying that their pet is compliant with this clause.
7. If the pet is a dog, it must be on a leash when outside.
8. If the pet is a dog, the resident must erect, at his expense an outdoor pen in which the dog can be kept.



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

9. Residents are responsible for their pets at all times and must clean up after their pets immediately.
10. Any resident who does not clean up their pet's feces immediately after the pet has defecated will lose the right to have any pet.
11. Substantiated complaints about any resident's pet may result in disciplinary action up to and including loss of the resident's privilege to own a pet
12. Any pet that threatens, attacks, or bites any person anywhere at anytime must be removed from Hand Up Ministries.

I understand and agree to all parts of the section above: _____ (initials)

OTHER AGREEMENTS

1. Residents will participate in at least eight (8) hours of community service each month in a manner and at a location designated by Hand Up Ministries.
2. Residents will not enter any bar, club, public house, or other establishment that derives its main source of income from the sale of alcohol.
 - a. Any resident discovered in one of these establishments will be expelled from the Ministry immediately.
 - b. Restaurants are excluded from this prohibition.
3. Residents will not use or view pornography in any manner or via any medium at any time while a participant in the Hand Up Ministries program.
 - a. Pornography includes but may not be not limited to:
 - i. Photographs, movies, internet sites, etc. which objectify any person or animal for the primary purposes of causing sexual arousal within the viewer.
4. Any tattoos worn by any resident that are extremely vulgar, violent, or suggestive in style, or are born of ethnic or racial hatred shall not be shown on Hand Up Ministry grounds.
5. Residents will not curse, use vulgar or suggestive language or gestures, nor engage in any rude or negative behaviors.
6. Residents will not wear any article of clothing that displays any vulgar or suggestive language or image, or that is vulgar or suggestive in style.
7. No clothing of any sort shall be worn or possessed by any resident that denotes any affiliation with any gang.
8. No resident will engage in any act or threat of violence toward any other person at any time or in any manner while a participant in the Hand Up Ministries program.
9. No resident will own or possess any gun or other illegal weapon while a participant in the Hand Up Ministries program.
10. All residents will protect the privacy of each other resident of Hand Up Ministries.
11. Anything that is said in any group meeting will be kept in strictest confidence and will not be discussed with anyone outside of that therapy group.



2130 SE 59th Street, Oklahoma City, OK, 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349
Fax: (405) 232-5871
handupministries@att.net

12. Unless at work or school, all residents will attend bible study at least once per week.
13. Hand Up Ministries will offer the residents two to three options each week for attendance
14. All residents agree to allow the staff of Hand Up Ministries to take their photograph and use their personal testimony in the Hand Up Ministries newsletters.
15. Any material changes to this contract will be initialed by both the resident and an authorized representative of Hand Up Ministries at the resident's request.
16. All residents will adhere to the following curfew:
 - a. 12:00 am (midnight) everyday
 - b. Any resident who must be out past curfew will notify Hand Up Ministries staff.
17. Any resident that demonstrates an inability to adhere to the curfew above for any other reason than a verifiable work schedule will be expelled from the Ministry.
18. Any resident who must be absent overnight will make arrangements with the staff prior to leaving Hand Up Ministries, and will sign out in the 'overnight sign out log'
19. If Hand Up Ministries expels a resident who is currently on parole, probation, or is required by law to register as a sex offender, they will notify the proper authorities that this person has been expelled from the Ministry either immediately or the next business day

I understand and agree to all parts of the section above: _____ (initials)

Print Your Full Name: _____ DOB: _____

Signature _____ Date: _____

Witness Signature _____ Date: _____